

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

3379-61-015188

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

STATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| PLACE OF DEATH Filed MAY 4 1961 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12th & Delmar | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 8528 Riverview Blvd. | |
| 3. NAME OF DECEASED (Type or print) First Nicolo Middle Guccione Last | | 4. DATE OF DEATH Month April Day 7 Year 1961 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/21/1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painters Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Ill. Terminal | 11. BIRTHPLACE (City and state or country) Sticily |
| 13a. FATHER'S NAME Joseph Guccione | | 13b. MOTHER'S MAIDEN NAME Antoinina Ditta | 14. NAME OF HUSBAND OR WIFE Vincenza Guccione |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | | 17. INFORMANT Vincenza Guccione Address 8528 Riverview blv | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis with Coronary Sclerosis, Carbon monoxide poisoning (undetermined) aggravated while attempting to extinguish wood fire in the vicinity of 912 N 12 Street on April 4 1961 accident DUE TO (b) 916-3-40 DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above | |
| 20c. TIME OF INJURY? Hour ? a.m. ? p.m. 4-7-61 | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 yard (R.P.) | 20f. CITY, TOWN, OR LOCATION St Louis, Mo COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner | | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 4/10/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/11/1961 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis Mo. |
| 24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD ADDRESS | | 25. DATE RECD. BY LOCAL REG. APR 10 1961 | 26. REGISTRAR'S SIGNATURE Loed Smith M.D. |

VS MAY 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. M. Rister

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.